

## SINGLE CASE AGREEMENT

Broker / Agent \_\_\_\_\_ S.S. or Tax I.D. # \_\_\_\_\_

Business Address: \_\_\_\_\_ General Agent: \_\_\_\_\_

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Street Address City, State, Zip  
(This address will be used for all correspondence, commission payments, etc.)

Insured's Name: \_\_\_\_\_ Plan: \_\_\_\_\_

Policy #: \_\_\_\_\_ (To be completed by RISK when assigned by Underwriting)

**1. RISK hereby authorizes the above named Broker or Agent to deliver the above policy in accordance with the underwriting company's rules and General Agent agrees to pay the Broker or Agent the following commissions, to accrue only as due when premiums are paid in cash to the underwriting company:**

| Policy Year  | Commission Rate |
|--------------|-----------------|
| 1            | _____ %         |
| 2 thru _____ | _____ %         |

**2. Where premiums are paid in advance, the commissions shall accrue on the respective due dates of such premiums.**

**3. The underwriting company may demand all sums as may have been withheld by, or paid to, RISK or the Broker or Agent because of refunded or waived premiums payable on the policy or any portion thereof. If demanded of RISK, RISK may demand such from the Broker or Agent. All such sums, if not paid or returned by the Broker or Agent, will constitute an indebtedness of the Broker or Agent to RISK. The underwriting company rules shall govern any policy change including, but not limited to, the payment of commissions on all the policies that are the result of a conversion, replacement, or the exercise of a policy or rider option.**

**4. The Broker or Agent IS NOT AUTHORIZED to accept any premiums on the policy other than the initial premium; or to alter, modify or discharge any provision of the policy; or to extend the time of payment of any premium; or to accept payment of any past due premium; or to approve any evidence of insurability.**

**5. No employer/employee relationship between RISK and the Broker or Agent is hereby created.**

**6. Any indebtedness of the Broker or Agent to RISK shall be a first lien against any monies payable hereunder.**

**7. No assignment of commissions shall be binding on RISK without its prior written consent.**

**8. This Agreement hereby replaces any previous Single Case Agreement or commission agreement relating to this policy. Any commissions payable hereunder after the death of the Broker or Agent shall be retained by RISK as servicing agent.**

**9. This Agreement shall not be effective until signed by a duly authorized official of RISK, and the General Agent.**

This Agreement is dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

By: \_\_\_\_\_  
(WRITING AGENT – Signature Please)

\_\_\_\_\_  
(WRITING AGENT–Please Print)

By: \_\_\_\_\_  
(GENERAL AGENT – Signature Please)

\_\_\_\_\_  
(GENERAL AGENT-Please Print)

By: \_\_\_\_\_  
(RISK Official)

Agent #: \_\_\_\_\_  
Date: \_\_\_\_\_

**FIDELITY SECURITY LIFE INSURANCE COMPANY  
AGENT APPOINTMENT DATA SHEET**

**Mail to:** Risk Insurance & Reinsurance Solutions 1208 W.  
Newport Center Drive Deerfield Beach - FL 33442  
**OR SCAN AND EMAIL TO:** NewBusiness@riskw.com

**A. IDENTIFICATION:** (Please print or type)

|  |         |  |                 |  |  |
|--|---------|--|-----------------|--|--|
| Name (Last, First, Middle)   |         |  |                 | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |  |
| Agency / firm Name (if applicable)   |         |  |                 |  |  |
| E-Mail Address:  |         |  |                 | Cell number:   |  |
| Social Security Number:  |         | Date of Birth:                             | Place of Birth: | Tax I.D. No.:  |  |
| Age:   |         |  |                 |  |  |
| Resident Address:<br>Street:   |         |  |                 | City:  |  |
| State:   | County: | Zip:                                       |                 | Tel:   |  |
|  |         |  |                 | Fax:   |  |
| Business Address:<br>Street :  |         |  |                 | City:  |  |
| State:   | County: | Zip:                                       |                 | Tel:   |  |
|  |         |  |                 | Fax:   |  |
| Send mail to: <input type="checkbox"/> Business <input type="checkbox"/> Home  |         |  |                 |  |  |
| Currently Licensed By State Of :   |         | License No:                                |                 | Issued To:   |  |
| <input type="checkbox"/> Ind. <input type="checkbox"/> Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor                         |         | PLEASE ATTACH A COPY OF HOME STATE LICENSE |                 |  |  |
| What type of product(s) do you plan to sell for FSL? <input type="checkbox"/> Life <input type="checkbox"/> Health/Accident <input type="checkbox"/> Fixed Annuity |         |  |                 |  |  |

**B. BACKGROUND** - IF YES TO ANY OF QUESTIONS 1 to 9, PLEASE ATTACH DETAILS AND DATES.

|  | Yes | No | Month/Year |
|--|-----|----|------------|
| 1. Have you ever had ownership interest in a business venture, which declared bankruptcy? (If Yes, give month and year)  |     |    | _____      |
| 2. Have you been a Judgment Debtor or ever declared personal bankruptcy? (If Yes, give month and year)   |     |    | _____      |
| 3. Are you in good standing and full compliance with respect to state taxes or child support? (If no, give details)  |     |    | _____      |
| 4. Have you ever had a bond declined or cancelled?   |     |    | _____      |
| 5. Have you ever been convicted for any offense other than a minor traffic violation?<br>Your failure to disclose a felony conviction will result in an automatic denial.                    |     |    | _____      |
| 6. Have you ever been cited, fined, suspended, revoked or refused a license by any state?  |     |    | _____      |
| 7. Have you ever been short in accounts with any employer?   |     |    | _____      |
| 8. Do you owe an unpaid balance to any insurance company?  |     |    | _____      |
| 9. Are you now employed by, or associated with to any degree, directly or indirectly, a bank, savings and loan or other financial institution?   |     |    | _____      |
| 10. For Agents applying to sell cash value life insurance and/or annuities: Have you completed Anti-Money Laundering training? If yes, attach copy of proof of completion or provide details |     |    | _____      |
| 11. Please provide the carrier for your Errors & Omissions coverage, the policy number and the name of the insured.  |     |    | _____      |

12. List past and current companies you represent or have represented in the last 5 years. (use separate page if needed.)

| From | To | Name | Street Address, City, State, Zip | Telephone No. |
|------|----|------|----------------------------------|---------------|
|      |    |      |                                  |               |
|      |    |      |                                  |               |

**C. CERTIFICATION / AUTHORIZATION**

13. a. I certify that I have answered all questions honestly and to the best of my knowledge.  
 b. I also authorize Fidelity Security Life Insurance Company to order an investigative report as may be required. I understand that information for the report may be secured from financial resources, and/or public records, or personal interviews with third parties, such as family members, business associates and/or others with whom I am acquainted.

This inquiry may include information as to my character, general reputation, personal characteristics, mode of living or educational background. I understand I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of this information.

*No person is permitted to solicit, sell or procure an application for insurance until he has in his possession an insurance agent's license authorizing him to solicit, sell or procure applications for Fidelity Security Life Insurance Company. Omission of any information will result in a delay of appointment and paying of commission.*

Date \_\_\_\_\_ Signature \_\_\_\_\_

- Owner or Partner  
 Corporate Officer  
 Representative (Agent)

Date \_\_\_\_\_ Appointing Premier General Agent \_\_\_\_\_